| SENDER COMPLETE THIS SECTION WC  | Decomplete this section on beine 2006 Page 1 of 1   |
|--|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X   |
| Article Addressed to:  | D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No |
| RONSHABUS GRIFFIN 110 Wallahatchee Drive   | 18 <b>38</b>  |
| Tallassee, AL 36078-3768   | 3. Service Type  Getified Mall  Registered  Insured Mail  C.O.D.                                |
| <u>06-555</u> 5+C  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number 7005 035 (Transfer from service label)   | 0 0001 0089 4831  |
| PS Form 3811, February 2004 Domestic Re  | eturn Receipt 102595-02-M-1540  |